



Tony Skinner

SHERIFF

Delaware County Sheriff Office

JUSTICE CENTER – 100 WEST WASHINGTON STREET

MUNCIE, INDIANA 47305

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Citizen Complaint Form

The Delaware County Sheriff's Office adheres to the practice of investigating all allegations of misconduct committed by our employees regarding DCSO policies and procedures and the laws of the State of Indiana. Unless this complaint is of such magnitude that it requires additional time for review, all complaints will be resolved as soon as practicable.

Complainant Information:

Name: (last) _____ (first) _____ (M.I.) _____

Address: _____

Best Contact Phone Number: _____ D.O.B. _____

Driver's License/ID Number: _____ State _____

Incident Information:

Date: _____ Time of Day: _____

Location of Incident: _____

DCSO Report Number/Citation Number: _____

Deputy/Correction Officer Involved (if known): _____

Witness Name: _____ Phone: _____

Do you have or are you aware of any video, photographs or recordings relevant to this incident?

() Video () Photographs () Recordings () None

*As a public law enforcement agency, all our records are subject to the Indiana Access to Public Records Act (APRA). This law requires all appropriate information to be disclosed when requested, including your information.

Sheriff's Office Administrative Use Only:

Complaint Alleged (check all that apply): () Unprofessional Behavior () Excessive Use of Force
() Corruption () Discrimination () Dereliction of Duty () Other _____

The complaint was investigated and the findings are: () Unfounded: incident did not occur
() Exonerated: incident occurred, but deputy's action were justified/legal/proper
() Not Sustained/Inconclusive: insufficient information to prove or disprove the complaint
() Sustained: Deputy/Correction Officer violated DCSO policy or state statutes- Describe disciplinary/corrective action taken:

Submitting Supervisor Name: _____ Date: _____

